FORM D

# JUL 1 7 2008 THOMSON REUTERS

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

1436908

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPE	ROVAL				
OMB Number:	3235-0076				
Expires: April 30, 2008					
Estimated average bur	den e				
hours per response	16.00				
SEC USE ONLY					
Prefix	Serial				
DATE REC	EIVED				
	1				

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Note and Warrant Financing (and the preferred and/or the common stock issuable upon conve	ersion and/or exercise thereof)
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of Filing: ☐ New Filing ☐ Amendment	
A. BASIC IDENTIFICATION DATA	LIDERM CENSCHIM ELIGICANEN ERAL BURG FLAG LAD. DER
Enter the information requested about the issuer.	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Renaissance Lighting, Inc.	08055087
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone N
480 Springpark Place, Suite 900, Herndon, VA, 20170	703-707-5600
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	- Ann
	SEC MEIL PROSESSED
Brief Description of Business	Section
Lighting	
Type of Business Organization	1,111 142000
☐ corporation ☐ limited partnership, already formed ☐ other (p	
□ business trust □ limited partnership, to be formed	olease specify):  Washington, CC
Actual or Estimated Date of Incorporation or Organization:    Month   Year	Actual Estimated

### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under <u>Regulation D</u> or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

	A. BASIC IDENT	IFICATION DATA				
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>						
Check Box(es) that Apply:  Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner		
Full Name (Last name first, if individual)						
Weinbaum, Barry						
Business or Residence Address (Number and S		The second secon				
c/o Renaissance Lighting, Inc., 480 Springpa	rk Place, Suite 900, Herno	don, VA, 20170				
Check Box(es) that Apply:  Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner		
Full Name (Last name first, if individual)						
Li, Qin						
Business or Residence Address (Number and S						
c/o Renaissance Lighting, Inc., 480 Springpa	irk Place, Suite 900, Hern	don, VA, 20170				
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner		
Full Name (Last name first, if individual)						
Crowley, George			· · · · · · · · · · · · · · · · · · ·			
Business or Residence Address (Number and S	street, City, State, Zip Code	)				
c/o CrowleyTechnologies, 445 Willard Ave,	Suite 1050, Chevy Chase,	MD 20901				
Check Box(es) that Apply:  Promoter	⊠ Beneficial Owner	Executive Officer	⊠ Director	General and/or Managing Partner		
Full Name (Last name first, if individual)						
Grubstein, Peter						
Business or Residence Address (Number and S	Street, City, State, Zip Code	)				
c/o NGEN Partners, LLC, 1114 State Street,	, Suite 247, Santa Barbara	i, CA 93101				
Check Box(es) that Apply:  Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if individual)		-				
McDermott, Charles						
Business or Residence Address (Number and S	Street, City, State, Zip Code	)				
c/o Rockport Capital I, LLC, 160 Federal St	treet, 18th Floor, Boston, M	1A 02110				
Check Box(es) that Apply:  Promoter	⊠ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or		

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Managing Partner

Newell, James

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Altira Technology Fund V L.P., 1625 Broadway Street, Suite 2450, Denver, CO 80202

	A. BASIC IDENTI	FICATION DATA					
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>							
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)							
Rains, Jack							
Business or Residence Address (Number and Street, C	• • • •						
c/o Renaissance Lighting, Inc., 480 Springpark Pla	ce, Suite 900, Hernd	on, VA, 20170	•				
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual) NGEN II, L.P.							
Business or Residence Address (Number and Street, C	City, State, Zip Code)	·					
c/o NGEN Partners, LLC, 1114 State Street, Suite		CA 93101					
Check Box(es) that Apply: ☐ Promoter ☐	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)							
Rockport Capital Partners, LP							
Business or Residence Address (Number and Street, C	City, State, Zip Code)						
Rockport Capital I, LLC, 160 Federal Street, 18th	Floor, Boston, MA 0	2110					
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)							
Altira Technology Fund V, L.P.							
Business or Residence Address (Number and Street, C							
1625 Broadway Street, Suite 2450, Denver, CO 802	02	<del> </del>					
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)							
Beech, Tanya							
Business or Residence Address (Number and Street, C							
c/o Renaissance Lighting, Inc., 480 Springpark Pla	<del></del>	<del></del>					
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)							
Advanced Optical Technologies							
Business or Residence Address (Number and Street, C	= :						
4445 Willard Ave., Suite 1050, Chevy Chase, MD 2	0815						

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		A. BASIC IDENTI	FICATION DATA					
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>								
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, Sumitomo Corporation	if individual)				<b>3</b>			
Business or Residence Addr	ess (Number and St	treet, City, State, Zip Code)						
Harumi Triton Square Off	fice Tower Y, 1-8-1	11, Harumi, Chuo-ku, Tok	yo, Japan 104-8610					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first,	if individual)							
Business or Residence Addr	ress (Number and St	treet, City, State, Zip Code)						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first,	if individual)							
Business or Residence Addr	ress (Number and St	treet, City, State, Zip Code)						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first,	if individual)							

□ Executive Officer

□ Executive Officer

■ Executive Officer

□ Director

□ Director

□ Director

General and/or
Managing Partner

☐ General and/or

**Managing Partner** 

General and/or Managing Partner

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Check Box(es) that Apply:

Check Box(es) that Apply:

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

□ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

□ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Beneficial Owner

☐ Beneficial Owner

☐ Beneficial Owner

3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individuals States).  All States  All States  All States  (Cheek "All States" or cheek individuals States).  All States  All					· ·	B. I.	NFORMAT	TION ABO	UT OFFE	RING				-
2. What is the minimum investment that will be accepted from any individual?	<b>1</b> . I	Has the	issuer sold	, or does the	e issuer inte									No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offening. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are name of the solicit persons or such a broker or dealer, you may set forth the information for that broker or dealer registered with the SEC and/or with a state or states, list individual) n/a  Business or Residence Address (Number and Street, City, State, Zip Code) n/a  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States).  All States (Check "All States" or check individuals States).  All States (Check "All States" or check individuals States).  All States (Check "All States" or check individuals States).  All States (Check "All States" or check individuals States).  All States (Check "All States" or check individuals States).  All States (Check "All States" or check individuals States).  All States (Check "All States" or check individuals States).  All States (Check "All States" or check individuals States).  All States (Check "All States" or check individuals States).  All States (Check "All States" or check individuals States).  All States (Check "All States" or check individuals States).  All States (Check "All States" or check individuals States).  All States (Check "All States" or check individuals States).  All States (Check "All States" or check individuals States).  All States (Check "All States" or check individuals States).  All States (Check "All States" or check individuals States).  All States (Check "All States" or check individuals States).  All States (Check "All States" or check individuals States).  All States (Check "All States" or check individuals States).  All Stat	, ,	What is	tha minim	um invactm	ant that wil			• •		_			s	n/a
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the sale of states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual) n/a  Business or Residence Address (Number and Street, City, State, Zip Code) n/a  Name of Associated Broker or Dealer n/a  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States).  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [MN] [MN] [MN] [MN] [MN] [MN] [MN] [MN	2. What is the minimum investment that will be accepted from any individual?								· —	No				
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Name of Associated Broker or Dealer   n/a	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated								es in the EC and/or					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States).	Full l	Name (I	ast name f	irst, if indiv	idual) n/a									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States).  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [WY] [WY] [WY] [WY] [WY] [WY] [WY	Busir	ness or l	Residence A	Address (Nu	mber and S	Street, City	, State, Zip	Code) n/a						·
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States") or check individuals States).	Name	e of Ass	ociated Br	oker or Dea	ler n/a							<del>-</del>		
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]  [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]  [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]  Full Name (Last name first, if individual) n/a  Business or Residence Address (Number and Street, City, State, Zip Code) n/a  Name of Associated Broker or Dealer n/a  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States) All States  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] (ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]  Full Name (Last name first, if individual) n/a  Business or Residence Address (Number and Street, City, State, Zip Code) n/a  Name of Associated Broker or Dealer n/a  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States) All States  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [MN] [MS] [MS] [MS] [MS] [MS] [MS] [MS] [MS														
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Full Name (Last name first, if individual) n/a  Business or Residence Address (Number and Street, City, State, Zip Code) n/a  Name of Associated Broker or Dealer n/a  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]  [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]  [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]  Full Name (Last name first, if individual) n/a  Business or Residence Address (Number and Street, City, State, Zip Code) n/a  Name of Associated Broker or Dealer n/a  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]  [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[]	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
Business or Residence Address (Number and Street, City, State, Zip Code) n/a  Name of Associated Broker or Dealer n/a  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]  [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]  [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]  Full Name (Last name first, if individual) n/a  Business or Residence Address (Number and Street, City, State, Zip Code) n/a  Name of Associated Broker or Dealer n/a  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]  [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	_	_	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Name of Associated Broker or Dealer n/a  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] (ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]  Full Name (Last name first, if individual) n/a  Business or Residence Address (Number and Street, City, State, Zip Code) n/a  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	Full l	Name (1	ast name i	first, if indiv	ridual) n/a									<u>-</u>
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]  [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]  [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]  Full Name (Last name first, if individual) n/a  Business or Residence Address (Number and Street, City, State, Zip Code) n/a  Name of Associated Broker or Dealer n/a  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]  [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	Busir	ness or	Residence	Address (Nu	ımber and S	Street, City	, State, Zip	Code) n/a	<u>-</u>					
(Check "All States" or check individuals States)  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]  [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]  [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]  Full Name (Last name first, if individual) n/a  Business or Residence Address (Number and Street, City, State, Zip Code) n/a  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]  [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	Name	e of Ass	sociated Br	oker or Dea	ler n/a									
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]  [IIL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]  [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]  Full Name (Last name first, if individual) n/a  Business or Residence Address (Number and Street, City, State, Zip Code) n/a  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States) All States  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]  [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]														
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]  Full Name (Last name first, if individual) n/a  Business or Residence Address (Number and Street, City, State, Zip Code) n/a  Name of Associated Broker or Dealer n/a  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States) All States  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]  [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	•								[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]  Full Name (Last name first, if individual) n/a  Business or Residence Address (Number and Street, City, State, Zip Code) n/a  Name of Associated Broker or Dealer n/a  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States) All States  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]  [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[]	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
Full Name (Last name first, if individual) n/a  Business or Residence Address (Number and Street, City, State, Zip Code) n/a  Name of Associated Broker or Dealer n/a  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States) All States  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]  [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[]	мтј	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
Business or Residence Address (Number and Street, City, State, Zip Code) n/a  Name of Associated Broker or Dealer n/a  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States) All States  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]  [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Name of Associated Broker or Dealer n/a  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]  [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	Full	Name (l	Last name	first, if indiv	vidual) n/a									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]  [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	Busi	ness or	Residence	Address (Nu	ımber and S	Street, City	, State, Zip	Code) n/a	I					
(Check "All States" or check individuals States)       All States         [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]         [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]         [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	Nam	e of As	sociated Br	oker or Dea	ler n/a								•	
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tend for the feed form form form from the form	[]	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		mount Already Sold
	Debt	\$0	\$	0.00
	Equity	\$0	\$	0
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$ 5,750,000	\$	4,109,247.51
	Partnership Interests	\$0	\$	0.00
	Other (Specify)	\$0	\$	0.00
	Total	\$ 5,750,000	\$	4,109,247.51
	Answer also in Appendix, Column 3, if filing under ULOE.		•	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
2.	the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if	Number Investors	Ι	Aggregate Dollar Amount of Purchase
2.	the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if	•		Dollar Amount
2.	the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Investors		Dollar Amount of Purchase
2.	the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors	Investors 16	\$	Oollar Amount of Purchase 4,109,247.51
2.	the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors	Investors 16 0	_ \$ _ \$	Oollar Amount of Purchase 4,109,247.51 0.00
3.	the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors	16 0 0	_ \$ _ \$	Oollar Amount of Purchase 4,109,247.51 0.00
	the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors	16 0 0	_ \$ _ \$ _ \$	Oollar Amount of Purchase 4,109,247.51 0.00
	the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors  Non-accredited Investors  Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sole by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale o securities in this offering. Classify securities by type listed in Part C — Question 1.	Investors  16  0  0  Type of	_ \$ _ \$ _ \$	Oollar Amount of Purchase 4,109,247.51 0.00 0.00
	the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors  Non-accredited Investors  Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sole by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering	Investors  16  0  0  Type of	_ \$ . _ \$ . _ \$	Oollar Amount of Purchase 4,109,247.51 0.00 0.00
	the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors  Non-accredited Investors  Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sole by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering  Rule 505	Investors  16  0  0  Type of	- \$ - \$ - \$	Oollar Amount of Purchase 4,109,247.51 0.00 0.00  Oollar Amount Sold 0.00
	the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors  Non-accredited Investors  Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sole by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering  Rule 505	Investors  16  0  0  Type of	- \$ - \$ - \$	Dollar Amount of Purchase 4,109,247.51 0.00 0.00  Dollar Amount Sold 0.00 0.00

a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees ..... 0.00 Printing and Engraving Costs.... 0.00 Legal Fees..... X 25,000.00 Accounting Fees..... 0.00 Engineering Fees..... 0.00 Sales Commissions (specify finders' fees separately)..... 0.00 0.00 Other Expenses (identify)

Total .....

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25,000.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$5,725,000
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, &	Payments to
		Affiliates	Others
	Salaries and fees.	S \$	<b>\$0.00</b>
	Purchase of real estate.	S 0.00	<b>\$</b> 0.00
	Purchase, rental or leasing and installation of machinery and equipment	S \$	<b>\$</b> 0.00
	Construction or leasing of plant buildings and facilities	\$	<b>5</b> 0.00
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$ <u>0.00</u>	□ \$ <u>0.00</u>
	Repayment of indebtedness	S \$	<b>\$</b> 0.00
	Working capital	<b>0.00</b>	<b>⊠</b> \$5,725,000
	Other (specify):	□ \$ <u>0.00</u>	<b>\$</b> 0.00
Col	_	\$8	<b>⊠</b> \$ <u>5,725,000</u>
	Total Payments Listed (column totals added)	⊠ \$	5,725,000

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The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date 2/00
Renaissance Lighting, Inc.		117108
Name of Signer (Print or Type)	Title or Signer (Print or Type)	
Qin Li	Chief Financial Officer	

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18. U.S.C. 1001.)

